`.::. <u>.</u>. FILING DATE SERIAL NO. MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO \$75)

AFTER 10/048209 AFTER 1st AMENDMENT AFTER AS FILED DEP. IND. DEP. IND DEP. DEP. IND. DEP. IND. IND. DEP. IND. ő :0 :2 <u>:3</u> خة <u>:5</u> <u>:6</u> :7_ :9 7.1 1.1.1 INJAL ÀL TO AL AL IMS TOTAL MAY BE -- SD FOR ADDITIONAL CLAMS OR AMENDMENTS VALUE THE TO COMMERCE

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